

# **Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS**

## **Semi-Annual Report (July – December 2006)**

**Submitted Feb 9, 2007**

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## List of Acronyms

AMDA	Association of Medical Doctors of Asia
ASHA	Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS
CHBC	Community and Home-Based Care
DFID	Department for International Development, UK
EPC	Essential Package of Care
FHI	Family Health International
IA	Implementing Agency
IDU	Injecting Drug User
IHS	Integrated Health Services
IMPACT	Implementing AIDS Prevention and Care Project
MARPs	Most At Risk Population
MoHP	Ministry of Health and Population
PMTCT	Prevention of Mother- to- Child Transmission
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

## Summary

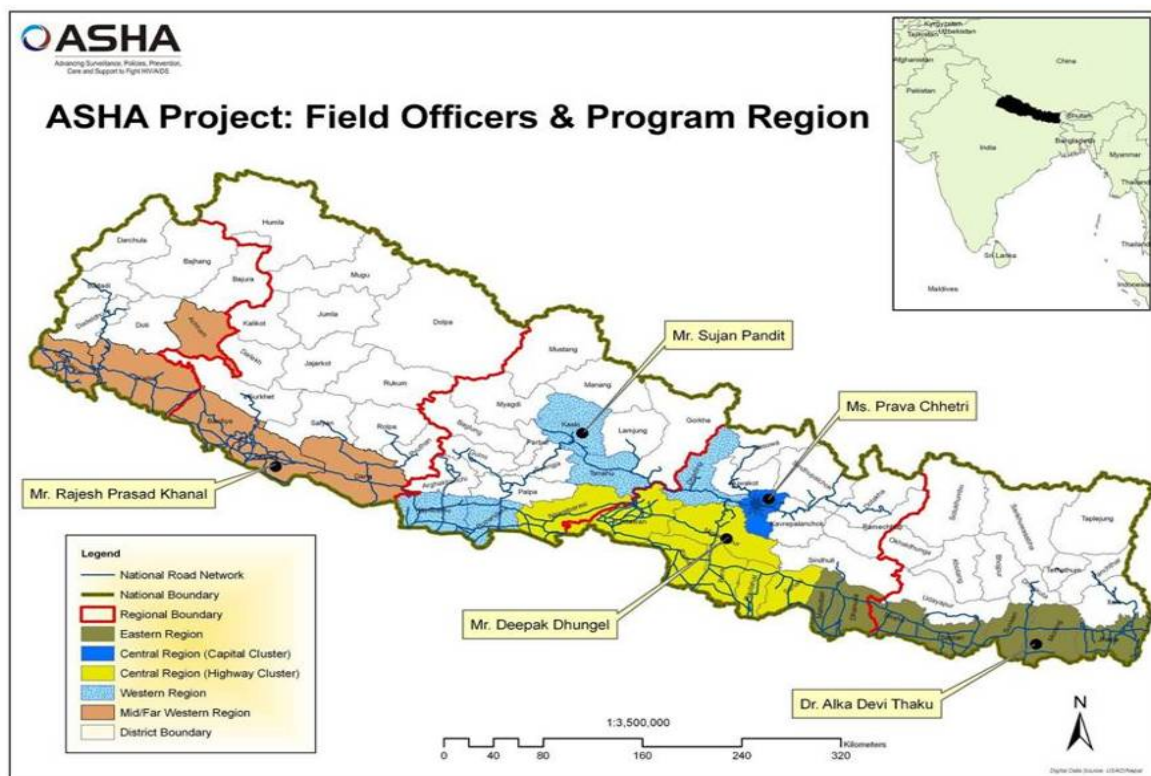
This report covers the first semi-annual period (July – December 2006) for the Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS (ASHA) Project in Nepal. The ASHA Project was designed to build on the successes and accomplishments achieved under the USAID-funded IMPACT and POLICY Projects.<sup>1</sup> Thus, after a smooth start-up phase of approximately three months, the ASHA Project was able to achieve a rapid transition and scale-up of partners and field activities.

During this period Family Health International (FHI) signed agreements with the two ASHA partners:

- Constella Futures International LLC (Futures) for the period July 16 2006 to September 30, 2009
- Association of Medical Doctors of Asia (AMDA) for the period September 1, 2006 to September 30, 2007<sup>2</sup>

In addition to the main partner agreements, FHI signed 29 contracts/subagreements with implementing agencies (IAs).<sup>3</sup>

**Figure 1: ASHA Project Program Areas**



An integrated ASHA Project central office was established in Kathmandu with co-location of ASHA main partners. Four ASHA Project Field Offices were set up in Biratnagar, Hetauda, Pokhara and Nepalgunj each staffed by one FHI/Nepal Field Officer and housed within IA offices. (Figure 1)

<sup>1</sup> IMPACT Project was implemented by Family Health International (ASHA Project Prime Recipient) and the POLICY Project was implemented by The Futures Group (ASHA Partner).

<sup>2</sup> The agreement with AMDA will be extended following an assessment in April to evaluate the need for continuation of AMDA clinical services at the field level.

<sup>3</sup> See Annex A for complete list of partners and implementing agencies.

Key activities and achievements during this reporting period include the following:

- Technical assistance to the Government of Nepal and collaborating agencies for HIV commodity security, prevention of mother-to-child transmission (PMTCT), pediatric antiretroviral therapy (ART), the STI National Review, and Monitoring and Evaluation (M&E).
- Risk reduction among the most-at-risk populations (MARPs) through HIV prevention activities in the Eastern, Central, Western and Mid Western Regions along the main transport routes and in major cities.
- Project activities scaled up in 26 districts and over 10,000 people reached through community outreach for HIV prevention.
- Integrated Health Services (STI, VCT and Essential Package of Care) established in 29 sites with 1,611 people from MARPs receiving STI services and 2,116 people receiving HIV counseling, testing and results.
- Voluntary Counseling and Testing (VCT) services for IDUs established in 3 additional sites.
- Community and Home-based Care (CHBC) established in 8 sites.

The ASHA Project was officially launched on November 30, 2006 by USAID and the Ministry of Health and Population (MoHP). USAID approved a 15-month workplan for FY06-07 and the ASHA Project Monitoring and Evaluation Plan. The majority of staff members were carried over from IMPACT and the POLICY Project and additional staff positions were filled in accordance with the ASHA Project organizational chart.

## ASHA Project Achievements and Supporting Activities

### A. Contracts and Subagreements

Table 1 provides a brief description of contract and subagreement awards that were approved by USAID and signed with partners and implementing agencies during this period. It also describes the focus of each subproject and the geographic location. A more detailed description of each award is given in Annex A.

**Table 1: Approved contracts and sub-agreements, July – December 2006**

No	Implementing Partner/Agency	Focus	Location
<b>Contracts</b>			
1	Constella Futures International LLC	Provide technical assistance to build capacity of Government of Nepal and civil society to manage and implement HIV/AIDS activities and to inform policy formulation at national, local and community levels to reduce stigma and discrimination and enable equitable access to services	National
2	Management Support Services Ltd	Support for National HIV/AIDS Program (with the National Center for AIDS and STD Control-NCASC)	National
3	Management Support Services Ltd	Support for Logistics Component of the National HIV/AIDS Program (with the NCASC)	National
<b>Subagreements</b>			
1	Association of Medical Doctors of Asia	Provide Integrated Health Services to most-at-risk Populations and technical assistance for clinical services to the ASHA Project	National
2	Community Action Center	Integrated Health Services for female sex workers (FSWs) and Clients	Kathmandu
3	Community Welfare Center	Prevention of HIV among Clients of FSWs	Kathmandu
4	Digital Broadcasting Initiative, Equal Access	Safe Migration Radio Program	National
5	Forum for Women, Law and Development	Legal Reform of HIV/AIDS Program	National
6	General Welfare Pratisthan	Safe Highways: Prevention to Care Program	Makwanpur, Bara, Parsa, Rautahat, Sarlahi
7	Indreni Sewa Samaj	Safe Highways: Prevention to Care Program	Siraha, Saptari
8	Institute of Community Health	Safe Highways: Prevention to Care Program	Dang, Banke, Bardiya
9	International Nepal Fellowship	Integrated Health Services for MARPs	Pokhara
10	Local Development Training Academy (LDTA)	Institutionalization of HIV/AIDS Component into LDTA Training Program	National

No	Implementing Partner/Agency	Focus	Location
11	National Association of PLHA in Nepal	Capacity Building for PLHA Networks	National
12	National Health Foundation	Radio Listener Groups in Accham District	Accham
13	Naulo Ghumti	Integrated Health Services in Pokhara	Kaski
14	Nepal National Social Welfare Association	Care and Treatment for Migrants in Kanchanpur	Kanchanpur
15	Nepal Red Cross Society/Kanchanpur	HIV Prevention for Migrants in Kanchanpur	Kanchanpur
16	Nepal STD and AIDS Research Center	Prevention to Care Services in Western Districts	Banke, Bardiya
17	Rural Development Foundation	Safe Highways Prevention Program in Dhanusha and Mahottari Districts	Dhanusha Mahottari
18	Sahara Nepal	Safe Highways Prevention Program in Jhapa	Jhapa
19	Sahavagi	Safe Highways Prevention Program in Chitwan and Nawalparasi	Chitwan Nawalparasi
20	Sneha Samaj	Care and Support Project in Kathmandu for Women PLHA	Kathmandu
21	Society for Empowerment Nepal	HIV Prevention Program Among Establishment Based Sex Workers in Kathmandu	Kathmandu
22	Social Improvement Development Center	Safe Highways Prevention Program in Morang and Sunsari	Morang, Sunsari
23	Society for Positive Atmosphere and Related Support to HIV and AIDS	Care and Support Services to PLHA in Kathmandu	Kathmandu
24	STD/AIDS Counseling and Training Services	Integrated Health Services for MARPs in Kathmandu	Kathmandu
25	Student Awareness Forum	Integrated Health Services for Migrants, IDUs and PLHA in Birgunj, Parsa	Parsa
26	Voluntary Services Overseas	Building Capacity of Organizations Working in HIV/AIDS	National
27	Women Acting Together for Change	Comprehensive Program on HIV/AIDS in Rupandehi and Kapilvastu Districts	Rupandehi Kapilvastu
28	Youth Vision	Prevention to Care Services for MARPs	Kathmandu

## **B. ASHA Project Indicators and Achievements**

ASHA Project main indicators<sup>4</sup> and achievements for this reporting period are attached in Annex B. In summary, the achievements related to targets are as follows:

- The ASHA Project achieved 94% of the target for the number of individuals reached through community outreach. As this was a startup phase, the project fully expects to meet the FY07 target for this indicator.
- The ASHA Project expects to meet the FY07 target for the number of USAID-assisted organizations providing HIV- related services. By the end of December 2006, 65% of this target had been achieved and additional partners are in the pipeline for subagreement development.
- The achievement for the number trained in HIV prevention was just 68% of the target. This may be attributed to delays in partner selection for the Safe Highway Project in Far Western and Western Nepal. Assuming the overall security situation in the Terai region improves, the ASHA Project fully expects to meet the overall targets for FY07 as most of the start-up activities are now complete.
- The target achieved for the number of people trained in sensitivity training was only 18%. A large part of the shortfall is due to the delay in the startup of activities under the Futures agreement (e.g., Nepal Armed Police Force (APF), National Administrative Staff College, etc). Full scale up of the work under Futures will be underway in the second half of FY07.
- The Integrated bio-behavioral surveys (IBBS) for IDUs and men who have sex with men (MSM) is scheduled for March 2007.
- A total of four Voluntary Counseling and Testing (VCT) training programs for VCT counselors will be conducted during FY07. The ASHA Project planned to conduct one VCT Counselor Training during this project period but the training was postponed due to delays in selection of the training agency. However, the ASHA Project expects to meet the FY07 target.
- Achievements for the number of individuals receiving STI and palliative care services were less than expected. Selection of clinical staff and scale up of new IAs for clinical services took longer than anticipated. However, many of these activities are now complete and the ASHA Project expects that the overall targets for FY07 will still be achieved.
- The ASHA Project exceeded the targets for the number of VCT sites and the total number of individuals tested for this reporting period. However, in order to scale up treatment and care services, the ASHA Project will work towards scaling up the number of individuals tested for HIV during the next reporting period. Each individual site will be assessed and strategies put in place to increase client flow. Depending on the site, strategies may include group counseling to minimize pre-test counseling time with individuals; increased number of counselors; adjustment in clinic hours to better serve certain MARPs; increased promotion of VCT sites; and, stronger linkages with ASHA prevention partners and other organizations working in the program areas for VCT referrals. In sites where demand is high, the IA may also be requested to increase the number of clinic days.
- Coordination meetings under the ASHA project have been ongoing throughout the reporting period. The total number of meetings will be reported at the end of FY07.

## **C. ASHA Activities and Results**

### **Results Area 1: Reduce transmission of HIV/AIDS epidemic through targeted prevention interventions within specific high-risk and vulnerable populations**

- Conducted Safe Highways Program activities for HIV prevention to care along the East West Mahendra Highway in the Terai with 10 IAs in 19 districts.

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<sup>4</sup> All indicators will be reported at the end of FY07



- Conducted HIV prevention to care activities for Female Sex Workers (FSWs), their clients, Injecting Drug Users (IDUs) and PLHA with 8 IAs in Kathmandu Valley, Birgunj and Pokhara cities.
- Conducted HIV prevention to care activities in Far Western Nepal for migrants with 4 IAs in 2 districts. This program is closely linked with the DFID-funded Reaching Across Borders Project implemented in the Far West and India by FHI. Reaching Across Borders built upon the successful Safe Migration Initiative under the USAID FHI IMPACT Project and IAs from the ASHA Project provide support to the ARV clinical sites supported under DFID.

**Results Area 2: Build capacity of Government of Nepal and civil society to manage and implement HIV/AIDS activities and to inform policy formulation at national, local and community levels to reduce stigma and discrimination and enable access to services**

During this reporting period, the ASHA Project provided critical technical assistance and support to the National HIV/AIDS Program through participation on National Technical Working Groups. Key activities include the following:

- **National Logistics Committee:** The ASHA Project Logistics Specialist is a member of both the National Logistics Committee and the National Logistics Task Force and provides technical assistance for forecasting, logistics training and management of the ASHA Project supplemental grant to the NCASC for storage and distribution of HIV commodities (implemented through Management Support Services, Ltd.). The ASHA Logistics Specialist was also the lead facilitator for the NCASC training on HIV/AIDS Commodities Logistics for 19 participants (nurses, laboratory staff and storekeepers) from government, INGOs and NGOs.
- **National PMTCT Technical Working Group:** The ASHA Project ART/OI Specialist provided technical assistance to NCASC on the development of PMTCT guidelines and curriculum and will also participate in the National PMTCT Review to be conducted in March 2007.
- **National Pediatric ART Technical Working Group:** The ASHA Project ART/OI Specialist provided technical assistance to NCASC on the development of Pediatric ART Guidelines and training curriculum.
- **National STI Program Review:** The ASHA Project Technical Team, including AMDA Technical Officer, FHI Technical Unit Head and the Senior Technical Officer from the FHI/Asia Pacific Regional Office (APRO) in Bangkok, participated in a national review of the STI program. The ASHA Project team presented information to the National STI Review Team and provided recommendations to improve the current STI program.
- The Senior Technical Officer gave a presentation titled "Will HIV Drug Resistance be a Problem in Nepal?" at the National Training Centre. Participants included representatives from USAID, Government hospitals, and NGOs including ASHA Project IAs. The presentation was repeated upon request for a group of ART clinicians working in Kathmandu.

To build capacity of civil society to effectively participate in the national HIV response and reduce stigma and discrimination, the ASHA Project conducted the following activities during this reporting period:

- Conducted an interaction workshop with local Nepali training institutions and key HIV networks to identify needs of network partners; organized a follow-up meeting with the main HIV/NGO and beneficiary group networks to share activities and clarify donor resources and activity plans for supporting networks. The follow-up meeting included key stakeholders and donor agency representatives.
- Signed an agreement with the National Association of People Living with HIV/AIDS in Nepal (NAP+N) for strengthening capacity of the network.
- Signed an agreement with Voluntary Services Overseas (VSO) for capacity building of NGOs including placement of VSO volunteers within ASHA IA offices.
- Conducted four 4-day regional orientation workshops (Eastern Region, Far Western Region, Kathmandu and Pokhara) for ASHA Project IAs that included sessions on HIV, technical briefings on

Integrated Health Services (IHS), M&E and Management Information Systems (MIS), finance, strategic behavioral communication and peer education.

- Disseminated the Stigma Reduction Toolkit, originally produced by Academy for Educational Development and translated, adapted and contextualized to fit in Nepali context. The Toolkit will be used by ASHA IAs to reduce stigma at the community level.
- Launched a music video entitled “*maanis sanga maamis mile haarjeet kasko huncha*” (“When people come together, everybody wins”) with the objective of raising awareness about the misconceptions and negative perceptions regarding PLHA in Nepali society.

The ASHA Project also moved forward on advocacy and policy related targets.

- Signed agreements with 3 IAs to implement high-level advocacy and policy-related activities
- Met with a team of 7 members from the Bangladesh Ministry of Home Affairs during their visit to Nepal and presented the ASHA Project’s HIV program with the Nepal Police and Armed Police Force.

### **Results Area 3: Improve planning, collection, analysis and use of strategic information by stakeholders to facilitate a more effective and targeted response to the HIV/AIDS epidemic**

- National M&E Technical Working Group: The Surveillance, Research Monitoring and Evaluation (SRM) Team under the ASHA Project provided technical assistance to draft the National M&E Plan through the National M&E Technical Working Group and in support of the UNAIDS three ones plan which includes one National M&E Plan. The ASHA Project SRM Team has also been providing technical support to the NCASC for the process of developing a national system of unique ID numbers for clients accessing HIV-related services. NCASC and FHI/Nepal jointly disseminated the following studies on December 6, 2006.
  - IBBS among female sex workers in Kathmandu Valley, Pokhara Valley and the East-West highways covering 22 districts of Nepal
  - IBBS among truckers in East-West highways
  - IBBS among male labor migrants in 11 districts in Western and Mid-Far Western regions of Nepal
- Conducted 2-day training on Analysis and Presentation of Process Data to 16 participants from IAs. The training focused on enhancing the skill on analyzing and presenting the process data using simple statistical tools and computer software like Excel™ spread sheet and PowerPoint™.

### **Results Area 4: Increase access to quality care, support and treatment services through public, private and non-governmental sources for PLHA and their families**

- Signed agreements with 2 IAs in Kathmandu Valley for care and support for PLHA.
- Conducted a workshop for the development of VCT Standard Operating Procedures (SOPs). The draft SOP will be field tested at ASHA clinic sites and finalized during the next project period.
- Conducted STI Training using Standard National Curriculum for 17 participants from ASHA IAs and government hospitals.
- Conducted technical monitoring visits to ASHA IAs to orient laboratory technicians on syphilis testing procedures using Rapid Plasma Reagin (RPR) and Treponema pallidum haemagglutination assay (TPHA) tests.

### **Results Area 5: Create linkages among stakeholders and national coordination of Nepal’s cross sectional HIV/AIDS program supported**

- Participated extensively in the development of the National HIV/AIDS Strategy and National HIV/AIDS Action Plan for 2006-08. Conducted regular coordination meetings with the collaborating agencies including WHO, UNAIDS, NCASC and the NMARC Project.
- Supported the District AIDS Coordination Committees through NGO partners including district level meetings and presentations of project activities to key district stakeholders.

- Created linkages between the ASHA Project and DFID-funded Reaching Across Borders Project for Nepali migrants in Far Western Nepal and India. This included establishment of a cross border referral system for clients on ARVs; a cross border meeting in Mumbai that included ASHA Project staff; regular teleconferences with FHI India, presentations of the DFID Project to ASHA Project staff and USAID, and close collaboration on the ASHA Project satellite radio program and formation of radio listener groups.

### **Other Highlights**

- The ASHA Project Team assisted USAID and the US Embassy in facilitating an interaction between a visiting Congressional delegation led by Congressman Jim Kolbe and beneficiary groups (PLHA network members, recovering drug user network members, a female PLHA support group, a sex worker group and PLHA care and support service providers). The beneficiary groups met the delegation at the residence of the US Ambassador and provided an update on the current and future scenario of HIV in Nepal from the viewpoint of vulnerable and marginalized groups.
- ASHA Project staff participated in World AIDS Day commemoration. ASHA Project field offices and IAs supported district level efforts through various awareness-raising activities, including rallies, distribution of IEC, song and essay competitions. The programs were organized in close coordination with District AIDS Coordination Committees and the District Health Offices.
- The ASHA Project staff visited Delhi and Mumbai to observe HIV/STI programs implemented by FHI/India and to coordinate cross border activities for the DFID-funded Reaching Across Borders Project implemented by FHI/Nepal. The Nepal team interacted with staff and peer educators from implementing agencies and FHI/India. The team also visited different outreach sites.

## **Constraints and Lessons Learned**

### **Constraints**

There were several major constraints during this project period that affected activities:

- Resignation of several staff including the Communications Officer and two key personnel on the project (the Associate Director of Finance and Administration in July and the Senior Policy Advisor in November);
- Political instability;
- Lack of continuity of key senior government officials;
- Delay in issuing RFPs for certain activities;
- Need to develop financial mechanisms for Futures to execute and manage subcontracts and direct expenses for activities.

The constraints led to delays in some planned activities during this project period including the Safe Highway projects in the Far Western region and Kaski; finalization of CHBC Standard Operating Procedures and the Dried Blood Spot validation study paper; laboratory strengthening, and activities under the Futures project with the Armed Police Force and sensitization trainings.

### **Lessons Learned**

- Regular meetings between all project partners are critical for moving workplan activities ahead;
- Contingency planning for political instability is necessary to ensure project targets are met.